

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. **101070113** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4						
5		1				
6						
7		1				
8						
9		1				
10		1				
11		1				
12		1				
13	0	0				
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15		1				
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TOTAL IND.			2			
TOTAL DEP.			15			
TOTAL CLAIMS			17			

*		*	
IND.	DEP.	IND.	DEP.
51			
52			
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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

BEST AVAILABLE COPY